

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Group



U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						

FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
IBR/	AM WO 00/27820	05/18/00	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
BMR	AN WO 01/55114	08/02/01	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
BMR	AO WO 02/066470	08/29/02	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
BMR	AP WO 02/090352*	11/14/02	WIPO (English Abstr. and Full-Text CAPLUS Abstr. No. 2002:868928)			<input type="checkbox"/>	<input type="checkbox"/>
	AQ WO 03/040101*	05/15/03	WIPO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER

Binto Robinson

DATE CONSIDERED

10/10/07

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	WO 03/040102*	05/15/03	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
	CB	WO 2004/007458*	01/22/04	WIPO			<input type="checkbox"/>	<input type="checkbox"/>
	CC	WO 2004/013102*	02/12/04	WIPO (English Abstract)			<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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